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PTO/SB/05 (8-96)

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## NEW UTILITY PATENT APPLICATION TRANSMITTAL

(to be used for new applications only)

Attorney Docket Number

First Named Inventor

Haskell Lee Sells II

Total Pages in this Submission

### APPLICATION ELEMENTS

Notice: Checklist items mentioned under Application Elements section construct a new utility patent application. Please refer to MPEP Sections 506, 601, (37CFR 1.77, 1.53, 35 USC 111, 112, 113) for detailed explanation regarding completeness of an original patent application.

1.  Fee Transmittal Form (prescribed filing fee(s))

2. Specification

Title of the Invention

Cross References to Related Applications  
(if applicable)

Statement Regarding Federally-sponsored Research/Development (if applicable)

Reference to Microfiche Appendix  
(if applicable)

Background of the Invention

Brief Summary of the Invention

Brief Description of the Drawings  
(if drawings filed)

Detailed Description

Claim or Claims

Abstract of the Disclosure

3.  Drawing(s) (when necessary as prescribed by 35 USC 113)

4.  Executed Declaration

5. Genetic Sequence Submission  
(if applicable, all must be included)

Paper Copy

Computer Readable Copy

Statement Verifying Identical Paper and Computer Readable Copy

### ACCOMPANYING APPLICATION PARTS

6.  Assignment Papers

7.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

8.  Computer Program in Microfiche

9.  English Translation Document (if applicable)

10.  Information Disclosure Statement/PTO-1449  Copies of IDS Citations

11.  Petition Checklist and Accompanying Petition

12.  Preliminary Amendment

13.  Proprietary Information

14.  Return Receipt Postcard

15.  Small Entity Statement

16.  Additional Enclosures (please identify below):

Brief letter explaining use of invention, two questions and a request for advice.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Haskell Lee Sells II  |
| Signature               |  |
| Date                    | 10-11-03  |

### FOR OFFICIAL USE ONLY

|                    |                  |                         |  |                    |
|--------------------|------------------|-------------------------|--|--------------------|
| Application Number |                  | Class                   |  | Independent Claims |
| Date of Receipt    | Application Type | GAU                     |  | Total Claims       |
|                    | Filing Date      | Foreign Filing License? |  | Drawing Sheets     |
|                    | Small Entity     | Foreign Address?        |  | Special Handling?  |

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10/17/03





|                              |  |                        |                      |
|------------------------------|--|------------------------|----------------------|
| FEE TRANSMITTAL              |  | Complaint if Known     |                      |
|                              |  | Application Number     |                      |
|                              |  | Filing Date            | 10-11-03             |
|                              |  | First Named Inventor   | Haskell Lee Sells II |
|                              |  | Group Art Unit         |                      |
|                              |  | Examiner Name          |                      |
|                              |  | Attorney Docket Number |                      |
| TOTAL AMOUNT OF PAYMENT (\$) |  | 375.00                 |                      |

| METHOD OF PAYMENT (check one)   |                      | FEE CALCULATION (continued)   |               |  |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
|---|----------------------|---|---------------|--|----------------------|---------------|---------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|----------------------|-----|----|-----|----|---|----------------------|-----|-----|-----|-----|---------------------------|----------------------|-----|-------|-----|-------|--|----------------------|-----|-----|-----|-----|--|----------------------|-----|-------|-----|-------|---|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-------|-----|-----|--|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|--------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|-----|-----|----|--|----------------------|-----|-------|-----|-----|--|----------------------|-----|-------|-----|-----|--------------------------------|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----------------|----------------------|-----|-----|-----|-----|-------------------------------|----------------------|-----|----|-----|----|---|----------------------|-----|-----|-----|-----|---|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|---------------------------|--|--|--|----------------------|--|---------------------------|--|--|--|----------------------|--|--|--|--|--|-------------------|--|----------------------------------|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17    <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> |                      | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Entity</th> <th style="width: 10%;">Small Entity</th> <th style="width: 10%;">Fee Code (\$)</th> <th style="width: 10%;">Fee Code (\$)</th> <th style="width: 10%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td><input type="text"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>147</td><td>2,390</td><td>147</td><td>2,390</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>112</td><td>870</td><td>112</td><td>870</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>113</td><td>1,740</td><td>113</td><td>1,740</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>.55</td><td>Extension for response within first month</td><td><input type="text"/></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for response within second month</td><td><input type="text"/></td></tr> <tr><td>117</td><td>900</td><td>217</td><td>450</td><td>Extension for response within third month</td><td><input type="text"/></td></tr> <tr><td>118</td><td>1,400</td><td>218</td><td>700</td><td>Extension for response within fourth month</td><td><input type="text"/></td></tr> <tr><td>119</td><td>290</td><td>219</td><td>145</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>120</td><td>290</td><td>220</td><td>145</td><td>Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>121</td><td>250</td><td>221</td><td>125</td><td>Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>138</td><td>1,430</td><td>138</td><td>1,430</td><td>Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td><input type="text"/></td></tr> <tr><td>141</td><td>1,250</td><td>241</td><td>625</td><td>Petition to revive unintentionally abandoned application</td><td><input type="text"/></td></tr> <tr><td>142</td><td>1,250</td><td>242</td><td>625</td><td>Utility issue fee (or reissue)</td><td><input type="text"/></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td><input type="text"/></td></tr> <tr><td>144</td><td>630</td><td>244</td><td>315</td><td>Plant issue fee</td><td><input type="text"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="text"/></td></tr> <tr><td>126</td><td>220</td><td>126</td><td>220</td><td>Submission of Information Disclosure Stmt</td><td><input type="text"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>146</td><td>750</td><td>246</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149</td><td>750</td><td>249</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="text"/></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="4"></td> <td colspan="2" style="text-align: right;">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="6" style="text-align: center;">Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> |               | Large Entity   | Small Entity         | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | <input type="text"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="text"/> | 147 | 2,390 | 147 | 2,390 | For filing a request for reexamination | <input type="text"/> | 112 | 870 | 112 | 870 | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113 | 1,740 | 113 | 1,740 | Requesting publication of SIR after Examiner action | <input type="text"/> | 115 | 110 | 215 | .55 | Extension for response within first month | <input type="text"/> | 116 | 380 | 216 | 190 | Extension for response within second month | <input type="text"/> | 117 | 900 | 217 | 450 | Extension for response within third month | <input type="text"/> | 118 | 1,400 | 218 | 700 | Extension for response within fourth month | <input type="text"/> | 119 | 290 | 219 | 145 | Notice of Appeal | <input type="text"/> | 120 | 290 | 220 | 145 | Filing a brief in support of an appeal | <input type="text"/> | 121 | 250 | 221 | 125 | Request for oral hearing | <input type="text"/> | 138 | 1,430 | 138 | 1,430 | Petition to institute a public use proceeding | <input type="text"/> | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | <input type="text"/> | 141 | 1,250 | 241 | 625 | Petition to revive unintentionally abandoned application | <input type="text"/> | 142 | 1,250 | 242 | 625 | Utility issue fee (or reissue) | <input type="text"/> | 143 | 430 | 243 | 215 | Design issue fee | <input type="text"/> | 144 | 630 | 244 | 315 | Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="text"/> | 126 | 220 | 126 | 220 | Submission of Information Disclosure Stmt | <input type="text"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146 | 750 | 246 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | 149 | 750 | 249 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> | Other fee (specify) _____ |  |  |  | <input type="text"/> |  | Other fee (specify) _____ |  |  |  | <input type="text"/> |  |  |  |  |  | SUBTOTAL (3) (\$) |  | Reduced by Basic Filing Fee Paid |  |  |  |  |  |
| Large Entity  | Small Entity         | Fee Code (\$)   | Fee Code (\$) | Fee Description  | Fee Paid             |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 105   | 130                  | 205   | 65            | Surcharge - late filing fee or oath  | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 127   | 50                   | 227   | 25            | Surcharge - late provisional filing fee or cover sheet.                    | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 139   | 130                  | 139   | 130           | Non-English specification  | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 147   | 2,390                | 147   | 2,390         | For filing a request for reexamination                                     | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 112   | 870                  | 112   | 870           | Requesting publication of SIR prior to Examiner action                     | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 113   | 1,740                | 113   | 1,740         | Requesting publication of SIR after Examiner action                        | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 115   | 110                  | 215   | .55           | Extension for response within first month                                  | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 116   | 380                  | 216   | 190           | Extension for response within second month                                 | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 117   | 900                  | 217   | 450           | Extension for response within third month                                  | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 118   | 1,400                | 218   | 700           | Extension for response within fourth month                                 | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 119   | 290                  | 219   | 145           | Notice of Appeal   | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 120   | 290                  | 220   | 145           | Filing a brief in support of an appeal                                     | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 121   | 250                  | 221   | 125           | Request for oral hearing   | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 138   | 1,430                | 138   | 1,430         | Petition to institute a public use proceeding                              | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 140   | 110                  | 240   | 55            | Petition to revive unavoidably abandoned application                       | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 141   | 1,250                | 241   | 625           | Petition to revive unintentionally abandoned application                   | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 142   | 1,250                | 242   | 625           | Utility issue fee (or reissue)   | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 143   | 430                  | 243   | 215           | Design issue fee   | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 144   | 630                  | 244   | 315           | Plant issue fee  | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 122   | 130                  | 122   | 130           | Petitions to the Commissioner  | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 123   | 50                   | 123   | 50            | Petitions related to provisional applications                              | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 126   | 220                  | 126   | 220           | Submission of Information Disclosure Stmt                                  | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 581   | 40                   | 581   | 40            | Recording each patent assignment per property (times number of properties) | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 146   | 750                  | 246   | 375           | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| 149   | 750                  | 249   | 375           | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="text"/> |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| Other fee (specify) _____   |                      |   |               | <input type="text"/>   |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| Other fee (specify) _____   |                      |   |               | <input type="text"/>   |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
|   |                      |   |               | SUBTOTAL (3) (\$)  |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| Reduced by Basic Filing Fee Paid  |                      |   |               |  |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| SUBMITTED BY  |                      | Complete (if applicable)  |               |  |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| Typed or Printed Name   | Haskell Lee Sells II |   | Reg. Number   |  |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
| Signature   |                      | Date  | 10/11/03      |  |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |
|   |                      | Deposit Account User ID   |               |  |                      |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |   |                      |     |     |     |     |                           |                      |     |       |     |       |  |                      |     |     |     |     |  |                      |     |       |     |       |   |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |  |                      |     |       |     |     |  |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |   |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |                           |  |  |  |                      |  |                           |  |  |  |                      |  |  |  |  |  |                   |  |                                  |  |  |  |  |  |

United States Patent and Trademark Office  
Assistant Commissioner for Patents  
Washington, DC 20231  
October 11, 2003

Dear Examiner,

Enclosed in this application are the following:

PTO/SB/01  
PTO/SB/05  
PTO/SB/17  
PTO/SB/09  
Cross Reference to Related Application  
Title of Invention  
Summary of the Invention  
Brief Description of Drawings  
Claims  
Abstract of Disclosure  
Drawings

Also, there is a brief letter with information pertinent to:

- A. Actual use of the invention with additional drawings.
- B. Explanation of "Folding" aspect of the invention and how it may allow more claims.

Please call me if there are any questions about this application at 800-849-8446 or fax to me at 919-781-3064.

All of my pages are numbered and have my name, phone number and address on the back of each page.

Thank you for reviewing my application.

Sincerely,



Haskell Lee Sells II

3900 Yew Circle, Raleigh, NC 27612 Phone: 919-782-2485 Fax: 919-781-3064

CROSS REFERENCE TO RELATED APPLICATIONS

Related Application Number: 08/411,084

Patent Number: 6,488,031 B1

Date Issued: December 3, 2002